

APR 10 2008

PTO/SB/83 (01-08)

Approved for use through 12/31/2008. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL
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| | |
|------------------------|--------------------|
| Application Number | 09/498,537 |
| Filing Date | 02-04-2000 |
| First Named Inventor | JenUlrichBuelow |
| Art Unit | 1632 |
| Examiner Name | Woitach, Joseph T. |
| Attorney Docket Number | 39691-0004.US |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 25213

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: The owner of this application has discharged Heller Ehrman LLP and requests transfer this application to new counsel.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☒ The address associated with Customer Number: 77845

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Leslie B. Overman

Registration No.

48541

Date

April 9, 2008

Telephone No.

858.450.8400

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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